	Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.:	0938-
		State:	DELAWA	ARE		
ě	Citation 1902(a)(52 and 1925 o		Families Rec	eiving Extended Me	edicaid Ber	nefits
	the Act	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in			

TN No. SP-300
Supersedes Approval Date MAY 27 1992 Effective Date
TN No. SP-276
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JAN 0 1 1992

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	State:		DELAWARE
Citation	3.5	Families (Continu	s Receiving Extended Medicaid Benefits ued)
			Private duty nursing services.
		_7	Physical therapy and related services.
			Other diagnostic, screening, preventive, and rehabilitation services.
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
		$\Box$	Intermediate care facility services for the mentally retarded.
	,	_7	Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
			Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.
Supersedes		Date	MAY 9 7 1992 Effective Date JAN 0 1 1992
TN No.	SP-250		

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:	· · · · · · · · · · · · · · · · · · ·	DELAWARE
Citation		ilies Re ontinued)	eceiving Extended Medicaid Benefits
	(c) <u>/</u> /	fees, for h	agency pays the family's premiums, enrollment, deductibles, coinsurance, and similar costs nealth plans offered by the caretaker's byer as payments for medical assistance
89		<u></u>	1st 6 months / 2nd 6 months
	_7	emplo	agency requires caretakers to enroll in oyers' health plans as a condition of bility.
		<u></u>	1st 6 mos. $\angle /$ 2nd 6 mos.
	(d) <u>/</u> /	fa ex	ne Medicaid agency provides assistance to milies during the second 6-month period of stended Medicaid benefits through the ollowing alternative methods:
		<u></u>	Enrollment in the family option of an employer's health plan.
			Enrollment in the family option of a State employee health plan.
			Enrollment in the State health plan for the uninsured.
:		<i></i> /	Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).
TN No. SI	P=300 Approval		Mar 27 1492 Effective Date JAN 0 1 1992

HCFA ID: 7982E

Revision:	HCFA-PM-91- 4	(BPD)
	AUGUST 1991	

OMB No.: 0938-

State: \_\_\_\_\_DELAWARE

<u>Citation</u>

3.5 <u>Families Receiving Extended Medicaid Benefits</u> (Continued)

<u>Supplement 2 to ATTACHMENT 3.1-A</u> specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
  - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- // (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

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